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## MaineCare Value-Based Purchasing

### Accountable Communities

Quality Measures, Performance Years 5 and 6

*Last Updated: April 8, 2020*

*Questions? Contact the AC Team at [Accountable.CommunitiesDHHS@maine.gov](mailto:Accountable.CommunitiesDHHS@maine.gov)*

Measure	Core/Elective/ Monitoring	Measure Definition	Comparison group
<b>Chronic Conditions</b>			
1. Use of Spirometry Testing, COPD	Core	Percentage of members 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis.	Maine non-AC
2. Controlling High Blood Pressure*	Core	Percentage of members ages 18-85 who had a diagnosis of hypertension and whose blood pressure was adequately controlled, e.g.<140/90 mmHg.	Evidence-Based Benchmark
3. Diabetic Glucose (a) Glucose Poor Control*  (b) HbA1c Testing	Core	(a) Percentage of members ages 18-75 with diabetes whose most recent HbA1c level during the measurement year was greater than 9.0% or was missing a result, or if an HbA1c test was not done during the measurement year. (b) Percentage of members ages 18-75 with diabetes who received an HbA1c test during the measurement year.	(a) Evidence- Based Benchmark (b) Maine non-AC
<b>Behavioral Health</b>			
4. Screening for Depression*	Core	Percentage of members 12 years of age and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool.	Evidence-Based Benchmark
5. Tobacco Use: Screening and Cessation Intervention*	Core	Percentage of members 18 years of age and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation intervention if identified as a tobacco user.	Evidence-Based Benchmark
6. Evaluation or Interview for Risk of Opioid Misuse	Elective	Percentage of members 18 years of age and older prescribed opiates for longer than 28 days evaluated for risk of opioid misuse using a brief validated instrument or patient interview documented at least once during opioid therapy in the medical record.	Evidence-Based Benchmark

7. Follow-Up After Hospitalization for Mental Illness	Elective	Percentage of discharges for members ages six and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner within 7 days of discharge.	Maine non-AC practices
<i>Obesity</i>			
8. Body Mass Index (BMI) Screening & Follow-Up Plan*	Core	Percentage of members ages 18 and older with a documented BMI during the encounter or during the previous twelve months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous twelve months of the current encounter.	Evidence-Based Benchmark
<i>Pediatrics</i>			
9. Developmental Screening—First Three Years of Life	Core	Percentage of children ages one, two, and three years who had a developmental screening performed.	Maine non-AC practices
10. Follow-Up Care for Children Prescribed ADHD Medication	Core	Percentage of children newly prescribed ADHD medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed.	Maine non-AC practices
11. Childhood Immunization Status	Core	Percentage of children three years of age who had four DTaP, three IPV, one MMR, three HiB, three HepB, one VZV, four PCV, one HepA, two or three RV, and two flu vaccines by their third birthday.	Maine non-AC practices
12. Adolescent Immunization Status	Core	Percentage of adolescents 16 years of age who had one dose of meningococcal vaccine, one Tdap vaccine, and the complete HPV series by their 16 <sup>th</sup> birthday.	Maine non-AC practices
13. Pediatric Well-Care Visits	Core	(a) Well-Child Visits ages 0-15 months: Percent of children with six or more well-child care visits in the first 15 months (b) Well-Child Visits ages 3-6: Percent of children 3-6 years old with at least one well-child visit per year (c) Well-Child Visits ages 7-11: Percent of children 7-11 years old with at least one well child visit per year (d) Adolescent Well-Care Visit: Percent of members who were 12-21 years old and who had at least one comprehensive well-care visit with a PCP or OB/GYN during the measurement year.	Maine non-AC practices
14. Primary Caries Prevention Intervention as Offered by Primary Care Providers, Including Dentists	Elective	Percentage of members ages 1-20, who receive a fluoride varnish application during the measurement period.	Maine non-AC practices

15. Lead Screening in Children	Elective	Percentage of children two years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.	Maine non-AC practices
<i>Avoidable Use</i>			
16. Ambulatory Care-Sensitive Condition Admissions	Core	Prevention Quality Indicator (PQI) composite of chronic conditions per 100,000 population, ages 18 and older.	Maine non-AC practices
17. Non-emergent ED Use	Core	Members' non-emergent ED visits per 1,000 member months.	Maine non-AC practices
18. Plan All-Cause Readmissions	Core	For members ages 18 and older, the number of acute inpatient stays during the measurement year that were followed by an acute readmission for any diagnosis within 30 days.	Maine non-AC practices
<i>Patient Experience</i>			
19. Patient Experience Survey	Core	Consumer Assessment of Healthcare Providers and Systems (CAHPS) or other validated patient experience measure negotiated between the Department and AC Lead Entity.	Evidence-Based Benchmark
<i>Monitoring only</i>			
Concurrent Use of Opioids and Benzodiazepines	Monitoring	Percentage of members ages 18 and older with concurrent use of prescription opioids and benzodiazepines.	N/A

*\*Accountable Communities self-report on a sample of members, identified by MaineCare*